



DISABILITY NOTES

ASSOCIATE COMMISSIONER'S COLUMN

DISABILITY PROGRAM GROWTH

Growth in the Social Security disability insurance (DI) program has been a popular topic of discussion during the past few years. Those of you working with DI claims know that we have been swamped with new applications--the number of applications for DI worker benefits rose by almost 50 percent from 1989 to 1994, though in 1995 and 1996 this rate slowed somewhat. This has been a tremendous workload. I want to praise all of you who have worked so diligently to process these claims and urge you to keep up the good work!

In a recent report to Congress,

required by the Social Security Domestic Reform Act of 1994, the Social Security Administration

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Social Security Administration
Office of Disability
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SSA/DDS MINI-FORUM

This year the mini-forum was held in Atlanta, Georgia, September 19-21, 1995. The attendees at the mini-forum included administrators from the Disability Determination Services, regional disability program branch directors, Office of Disability Executive Staff and staff from other components of SSA.

A major part of the agenda focussed on disability redesign issues, and Charles Jones along with members of the Disability Process Redesign Team and staff from the Office of Disability, provided one full day of presentations on various redesign initiatives. Most of these presentations were conducted in small break-out sessions to allow for open discussion among the participants.

The participants also heard from Larry Thompson, Principal Deputy Commissioner of SSA, who presented SSA's Business Plan for the coming years. John Dyer, Deputy Commissioner for Finance, Assessment and Management discussed the budget outlook for fiscal year 1996. Dr. Susan Daniels, Hilton Friend, and Ken Nibali conducted a panel discussion on a variety of issues facing the Office of Disability. There were also sessions on the Short-term Disability Project, the Redesigned Disability System, Interactive Distance Learning, and productivity improvement.

NATIONAL PROFESSIONAL RELATIONS CONFERENCE

The 1995 National Professional Relations Conference was held August 29-31 at the Marriott Inner Harbor Hotel in Baltimore. In attendance were over 120 State Professional Relations Officers, medical staff, and Regional Professional Relations Coordinators and Public Affairs Officers representing virtually every State and all regions. In addition, staff from SSA headquarters participated at various times throughout the conference.

The theme for the conference was "New Directions, New Challenges" which served to announce the enhanced role that

professional relations will play in the implementation of critical disability redesign recommendations.

Susan Daniels, OD's Associate Commissioner, was the keynote speaker. She delivered an excellent motivational speech which helped to set the tone for the entire conference by focusing on the need to work "better, faster, cheaper" to provide world class service to individuals who file for disability benefits. The agenda featured a range of topics that included the main aspects of redesign as well as specific professional relations concerns, such as recruitment of consultative examination sources, best practices to obtain the cooperation and involvement of health professionals in the disability program, and disability fraud issues.

provided an analysis of the social, economic, demographic, programmatic and other factors underlying this growth. Specifically we examined changes in disability applications, allowance rates, and termination rates. We found:

- **Simple answers won't do.** DI program growth is a product of the complex interaction of a number of economic, demographic, social, programmatic and other factors--internal and external to the program, long-standing and short-term--that influence application, award and termination rates.
- **Changes change.** Growth in applications and in award rates generally has leveled off; however, the termination rate remains low.

- **More people are protected by coverage.**

Longer-term program growth is being driven partly by an increase in the number of persons insured for benefits and partly by the increase in the incidence rate.

- **More claimants appeal our decisions.**

Growth in the incidence rate, in turn, is due in part to what seems to be a long-term increase in the proportion of persons denied benefits who appeal those denials and a continuing increase in award rates at the hearings level. These two factors clearly influence each other.

- **Our recent beneficiaries are younger and....**

The characteristics of persons being awarded benefits are changing. For a number of reasons, they are younger, more likely to suffer from impairments such as mental disorders, more likely to be female, and poorer than new beneficiaries used to be.



They are less likely to go off the rolls once they start receiving benefits.

- **The economy makes a difference.** The program also is sensitive to influence from shorter-term factors, such as poor economic conditions and to changes in public awareness and perceptions about availability of benefits.

SSA is taking a number of steps to address program growth, including:

- Efforts to help current beneficiaries **return to work**;
- New procedures that allow processing more **continuing disability reviews**; and
- The redesign of the disability process, as well as other initiatives, that will enable **timely, efficient** and more **uniform** decision making.

SSA recognizes that, although many indicate a desire to work, very few beneficiaries leave the disability rolls due to their work activity. As part of an effort to improve opportunities for persons with disabilities to enter or re-enter the workforce, we are changing the way we refer our beneficiaries to receive vocational rehabilitation (VR) services. Under the authority of a regulation published in March 1994, SSA is recruiting VR service providers to work with disability beneficiaries whom the State VR Agencies are unable to serve. (See article on page 5.)

Approved service providers who agree to participate in this initiative should begin receiving our referrals sometime this summer. We believe this additional pathway to services will provide many more persons with disabilities employment opportunities. I will keep you updated on the status of our disability programs and the results of this VR initiative through this column.

Susan M. Daniels, Ph.D.

S O C I A L S E C U R I T Y ADMINISTRATION ESTABLISHES REPRESENTATIVE PAYMENT ADVISORY COMMITTEE

Commissioner of Social Security, Shirley S. Chater, has established a Representative Payment Advisory Committee that brings together 14 experts in the fields of social services, disability, elder concerns, social welfare law, and State/local government. Under the leadership of Nancy Coleman, Director of the American Bar Association's Committee on Legal Problems for the Elderly, the Committee will review Social Security representative payment policy in five broad areas:

(1) beneficiary incapability; (2) payee selection; (3) payee recruitment and retention; (4) standards for payee performance; and (5) payee oversight.

Until recently, the representative payment

program administered by Social Security was virtually unknown and was viewed simply as an alternative to direct payment of benefits. Today it is recognized as a social service program which entrusts \$22 billion yearly to about 5 million payees on behalf of some 6.1 million beneficiaries.

At the Committee's swearing-in ceremony on July 20, Commissioner Chater said, "It has been over a half a century, 55 years to be exact, since the Social Security Administration began utilizing representative payees to manage the benefit payments for individuals considered to be unable to manage their own. I think this was a very sound, a very compassionate idea 55 years ago and I think it remains a very sound idea today." Commissioner Chater then challenged the Committee to look at representative payment policy from the broadest possible point of view to ensure that it continues to protect our nation's most vulnerable citizens.

The Committee held public meetings in Washington, D.C. on July 20-21, 1995, Chicago, IL on September 21-22, 1995, and San Francisco, CA on February 15-16. Other public meetings are scheduled for March 28-29 in Atlanta, GA; and Baltimore, MD. and Washington, D.C. in the spring of 1996. The Committee will assess the need for change in Social Security's representative payment policy and submit its report to the Commissioner by July 1, 1996.

If you have recommendations for improving the representative payment program, the Committee would like to hear from you. Its address and phone number are:

Representative Payment
Advisory Committee

SSA 2-N-24 Operations
P.O. Box 17763
Baltimore, MD 21203-7763
Phone: (410) 966-4688
FAX: (410) 966-0980
Internet: adcom@ssa.gov

**

**Social Security
Representative Payment
Advisory Committee**

Chair:

Nancy Coleman
Director
Commission on Legal Problems for the
Elderly
American Bar Association
Washington, D.C

Members:

Fredda Blanchard-Fields, Ph.D.
Associate Professor
School of Psychology
Georgia Institute of Technology
Atlanta, Georgia

Elizabeth M. Boggs, Ph.D.
Past President and Co-Founder
The Arc of the United States
Hampton, New Jersey

Joseph Dent
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Executive Director
Northern Rhode Island
Community Mental Health Center, Inc.
Woonsocket, Rhode Island

Karen Worth
Minority Counsel, Social Security (Retired)
House Committee on Ways and Means
Washington, D.C.

SSA SEEKS PROVIDERS OF VOCATIONAL REHABILITATION SERVICES

The Social Security Administration (SSA) has been trying to reach as many of the nation's providers of vocational rehabilitation (VR) services as possible to inform them of a new opportunity to serve thousands of potential clients.

SSA is embarking on a new approach to providing employment and VR services to people who receive disability benefits under the Social Security disability insurance (SSDI) and Supplemental Security Income (SSI) programs. This new approach will expand the pool of providers who serve people with disabilities and thus allow more of these beneficiaries to receive the help they need to return to work or enter the workforce for the first time.

As a result of regulations published in March 1994, VR service providers in the public and private sectors are now eligible to serve social security beneficiaries who are not served by the State VR agencies. Approved providers, called "alternate participants," can be paid by SSA for the costs they incur in cases where their services help social

security beneficiaries obtain and retain jobs at certain wage levels.

To begin the process of signing up alternate participants, SSA mailed a presolicitation announcement in early February to more than 500 potential providers who had previously contacted the agency regarding participating in its VR program. SSA has also published a synopsis of this notice in the Commerce Business Daily to assure that other potential providers are informed of the opportunity to take part in SSA's VR programs.

This same synopsis is also available for download from the SSA Acquisition Data and Information Exchange (SADIE) Bulletin Board System. Interested parties should dial (410) 966-4889 within the Baltimore, Maryland area, or 1-800-SSA-SELL for access. Modems should be set to 8 data bits, no parity, 1 stop bit (8-N-1), full duplex, and VT-100 or ANSI terminal emulation. Further instructions are available online. For technical assistance call the Sysop at (410) 965-8096.

The presolicitation notice contained background about SSA's VR Payment Programs, described the basic qualifications to be considered as an alternate participant, discussed how alternate participants can be paid for the costs of their services to social security clients, and described other features of the VR program.

Around April 1, 1996, SSA will release a request for proposal (RFP) to all providers who responded to this initial notice. The RFP will go into more detail about SSA's VR program and will invite all interested providers to submit proposals to become alternate participants. Providers will be

required to submit proof of their qualifications with their proposals. Based on these proposals, SSA will enter into negotiated contracts with all qualified providers.

All providers of VR services who are interested in participating in SSA's VR programs should contact:

Social Security Administration
Office of Acquisition and Grants
Division of Programs Contracts
Attention: Mr. Wayne McDonald
1710 Gwynn Oak Avenue
Baltimore, Maryland 21207

SSA is excited about this new approach to its VR program. It is confident that as the provider base expands, more people with disabilities will get the employment and rehabilitation services they need to lead more productive and independent lives.

MODULAR DISABILITY FOLDER

Over the years the Social Security Administration has looked into various folder formats in an attempt to standardize the disability folder. A 1994-1995 study in the Dallas region using a 6-part modular folder showed that their prototype modular disability folder (MDF) worked well to segregate medical and disability material from non-disability material so that personnel could more easily file and locate material. This effort became one of the Short-term Disability Project initiatives, "Expedite Implementation of a Standardized Format for Folder Assembly for Disability Claims."

A team comprised of representatives from

the field, disability determination services (DDSs), the Office of Hearings and Appeals (OHA), as well as appropriate central office components was assembled under the Office of Disability's leadership to implement the MDF which is a multi-colored folder consisting of 6 modules. The team addressed issues pertaining to folder specifications, procurement and distribution, and prepared and released Program Operations Manual System (POMS) transmittals and training materials.

The MDF procurement contract was signed in September, and distribution began in late October. based on the vendor's production capacity, all offices were scheduled to receive their initial distribution in February, 1996. Each office will begin using the MDF to house all newly filed disability claims as soon as the initial allotment is received.

A new chapter in the POMS was issued in late September to provide instructions to all offices. Additional OHA instructions will be placed in the HALLEX to address such items as assembling the folder for a court transcript and staff responsibilities.

In addition, a self training package consisting of a video and a facilitator's guide was produced for each site to familiarize users with the new folder format. The video consists of a brief introduction by Carolyn Colvin, Janice Warden and Ruth Pierce, and Union representatives from both American Federation of Government Employees and National Treasury Employees Union. Representatives from the Dallas Regional Office and the Dallas Hearing Office explain the MDF and the advantages of using it.

We believe that while use of the MDF changes a longstanding practice, it has the

potential to improve disability processing at all levels. The significant resources used each year in folder preparation and assembly can be put to better use by improving the process of filing documents in the disability folder.

PERFORMANCE PARTNERSHIPS ANNOUNCED TO PROVIDE GREATER OPPORTUNITIES TO PERSONS WITH DISABILITIES

The Rehabilitation Programs Branch (RPB) in the Division of Employment and Rehabilitation Programs is implementing a new partnership initiative to improve rehabilitation services to persons with disabilities. Under this initiative, the Social Security Administration (SSA) has entered into performance partnerships with six State vocational rehabilitation (VR) agencies.

In support of these partnerships, SSA will advance to the participating State agencies a percentage of the funds payable in this fiscal year under SSA's VR reimbursement program. The program provides SSA with the authority to reimburse State VR agencies for the costs of the services they provide to disability beneficiaries if such services result in the individual's return to work at the substantial gainful activity level for a period of at least 9 continuous months.

The States will use the advance funds to improve their participation and performance in serving disability beneficiaries.

To announce this new initiative, the Commissioner wrote to all State VR agencies in July inviting proposals

expressing support for the Performance Partnership and demonstrating the State's commitment to work for change. In that letter, the Commissioner said: "Like all Federal agencies, SSA is following the mandate of the President's National Performance Review to seek ways to improve service by putting the customer's needs first and by focusing on results. With this goal in mind, I invite you to join SSA in a new Performance Partnership, in which our agencies will pursue changes that further the objectives of the rehabilitation program and provide support for those Social Security beneficiaries and Supplemental Security Income (SSI) recipients who want to work."

Based on the States' written assurances describing how advance funding will improve their performance, SSA selected the following six VRAs to share in more than \$7.7 million in advance funding during fiscal year 1996:

Vermont General,
New York General,
Pennsylvania General,
West Virginia,
Florida General, and
Florida Blind.

We hope that the results of this effort will improve service to SSA clients in measurable ways. RPB will be responsible for tracking the liquidation of these funds against future payments and for evaluating whether they provided an incentive for States to find new and innovative ways of serving people with disabilities. If the results are promising during this year, SSA hopes to expand the program to additional States in coming years.

Updates on this effort will appear in future

issues of "Disability Notes." Anyone wishing further information regarding the program in the meantime may contact Hank Thiel, Rehabilitation Programs Branch at 410-965-9180.

DISABILITY REDESIGN

Disability Models

A variety of approaches and tests will be used during implementation of the redesigned disability process. Regulatory authority has been obtained for testing which includes the Disability Models and the Adjudication Officer (AO) tests.

The regulation entitled, "Testing Modifications to the Disability Determination Procedures" was published in the Federal Register on April 24, 1995, and includes authority to test the single decisionmaker model, the predecision interview model and the reconsideration elimination model. The single decisionmaker model allows a single decisionmaker to independently make initial determinations of disability, in most cases without a medical consultant. The predecision model provides a claimant with the opportunity to submit further evidence and have contact with the decisionmaker if the evidence does not support a fully favorable allowance. The reconsideration model eliminates the reconsideration step in the administrative review process.

Two primary tests will be conducted under the disability models; the single decisionmaker with the predecision interview, the elimination of the reconsideration, and the AO. Authority to test the AO was established under a separate

regulation. The first test will focus on the single decisionmaker and will allow medical determinations to be made without medical consultant signature on the SSA-831. Testing will begin on the full process model after the single decisionmaker test gets underway.

The Office of Disability has the lead for developing and overseeing the Disability Model tests. Proposals for the model tests have been submitted by the regions; the regional implementation coordinators met in Baltimore to discuss issues involved in test planning. A briefing on the disability model tests has been provided to members of the national Partnership Council.

A list of recommended test sites has been approved by the Office of Disability and the Disability Process Redesign Team; and, evaluation plan is currently under development. Testing of the single decisionmaker is targeted to begin later this year. Results of the disability model test will provide data and information which will move us closer to implementation of the redesigned disability process.

Public Information

As a first step in providing the public with information about the disability process, the Office of Disability (OD), in partnership with the Office of Communications (OComm), established the Disability Public Information Core Team, to be the SSA focal point for the development and delivery of disability program public information (PI) initiatives. The OComm representatives on the core team are: Rusty Toler, OComm lead, Fred Crawford and Frank Hunt. OD members on the team are Dena Crank, who serves as project manager, Beverly Bragg,

Al Enciso and Bud Grace.

On September 19-28, 1995, two DDS Professional Relations Officers, a field representative, a Regional Public Affairs Officer and a Teleservice Representative were detailed to the core team as advisors to help accomplish some of the

disability PI initiatives. Working together, this expanded team has:

- completed an informational packet on the disability process for medical providers and developed a marketing brochure for this audience. These two products will be tested in focus groups and refined before being issued.

- drafted a Public Information Bulletin (PIB) announcing our new user-friendly, one-page fact sheet about the disability process.

- prepared a list of available disability products and a PIB for immediate release announcing the list. The products list will be incorporated into the next edition of the PI Catalogue. It will also be published annually as a separate reference for those interested in disability information, only.

- provided recommendations for reformatting the PI catalog which is scheduled to be revised by Spring 1996.

- drafted language for all disability-related publications about claimant-requested medical evidence.

- begun development of a database of national disability stakeholders and operating instructions concerning communications with these groups.

Teaming, Early Decision Process and Sequential Interviewing

As part of the disability redesign, we are encouraging the field offices (FOs) and the disability determination services (DDSs) to find creative ways of working together to provide better service to our disability claimants. The Office of Disability has developed a handbook on "Claim Representative/Disability Examiner (CR/DE) Teaming Practices," reflecting teaming initiative arrangements which have been undertaken around the country. Innovative arrangements include collocation of CRs and DEs, joint outstationing in hospitals and other community sites, video conferencing and increased use of the telephone. This handbook is now being distributed to the ROs and DDSs. With the handbook as a basis for teaming, we expect SSA and DDS staff to continue, and expand, their efforts to work cooperatively to improve case processing and service delivery.

In a related effort to streamline case processing, we are granting CRs the authority to develop and approve claims involving approximately 100 severe impairments. While these still require the DDS medical consultant's review and signoff, processing time will be reduced dramatically. A team of FO and DDS participants is currently developing the instructions to implement the Early Decision Process.

Also, the team is developing instructions for Sequential Interviewing, a process in which the CR takes the nonmedical portion of the disability claim, and the DE takes the medical portion.

Process Unification

One of the critical elements of the Disability Redesign Plan is Process Unification: ensuring that adjudicators at all levels are consistent in their decision-making; that they "speak with one voice." The Office of Disability has the lead in carrying out a number of activities relating to Process Unification.

Following the recommendations of the Process Unification Task Team, we are developing an intercomponent training package for all adjudicators including ALJs, decision writers, disability examiners and reviewers. It will include such topics as the evaluation of symptoms including pain, weighing medical source opinion, and residual functional capacity, particularly as it pertains to sedentary work. The training will use the new approach of interactive distance learning, which allows one instructor to reach a large audience, answering individual questions and ensuring that everyone hears the same message. The training sessions will also encourage local discussion among adjudicators at all levels by mixing the classroom audiences in compliance with the Process Unification Task Team report as approved by the Commissioner.

In preparation for the training, we are developing Social Security Rulings to clarify policy issues related to the three topics of the training. We are also striving to use exact regulatory language in policy issuances such as the POMS. Training is currently expected to begin by Spring, 1996.

PASS UPDATES

About 5 million people with disabilities receive a monthly Supplemental Security Income (SSI) check. One of the SSI

program's work incentives is the provision called a "plan for achieving self support" (PASS). A PASS permits disabled or blind SSI recipients to set aside wages, self employment and other income, as well as savings and other assets, in order to cover expenses related to preparing to work. This means that with an approved PASS, the income or resources being used towards achieving work goals do not reduce the amount of the recipient's monthly SSI check.

Since 1989, the number of PASS plans has grown from 800 to over 10,000. Many of these have resulted in successful work experiences, but concurrent with these successes, a variety of issues has arisen concerning abuses of the system and inconsistent management of the PASS provision.

The Commissioner of Social Security, Dr Shirley Chater, convened a workgroup to examine the PASS provision to recommend improvements to the PASS process and to ensure that it is serving its intended purpose. Subsequently, the General Accounting Office and SSA's Office of Inspector General conducted their own studies of PASS policies and practices. To the extent their recommendations reflect new or better approaches, they will be incorporated into SSA's action plan for PASS improvements.

Some of the concerns and the proposed improvements are:

Concern: Pass Plans currently do not achieve intended results. Only a small percentage of plans lead to self-sufficiency and less reliance on SSI.

Improvement: SSA is recommitting itself to the original goals of the PASS program. Those goals --self sufficiency, individual

responsibility, and less reliance on the SSI program -- will be the driving force behind our efforts to make sure all individuals with disabilities can reach their goals and live their dreams.

Concern: PASS plans are currently approved in each of SSA's 1,300 field offices. The staff in those offices have many other duties to perform and lack the expertise to properly evaluate PASS plans.

Improvement: Effective immediately, a cadre of specialists with special vocational assessment training will review and make final decisions on all PASS plans. To give them a better understanding of their overall responsibilities, we are rewriting our operational instructions, including clarification that the ultimate outcome of a PASS must be to make people more self sufficient and less dependent on SSI.

Concern: SSA does not consistently collect sufficient information to properly manage the PASS program.

Improvement: SSA is developing new management information software for the PASS program that will be incorporated into the same computer system that processes and tracks all SSI claims.

Concern: Once approved, PASS plans are not monitored for compliance to determine if the stated goals are being met.

Improvement: SSA shortened the maximum period between compliance reviews from 18 to 12 months and linked the compliance review to the annual overall SSI eligibility redetermination process. As part of the next compliance review for each case, PASS plans will be reevaluated to be sure they meet the improved standards.

Concern: Although the intent of PASS is

for an SSI recipient to become self-supporting and eventually to be in a financial position to no longer need SSI, the law permits individuals to use PASS plans to exclude sufficient income and assets to become eligible for SSI in the first place.

Improvement: Because the current statute does not prevent this situation, SSA has developed a legislative proposal to correct this legal oversight.

Revised instructions (EM-96-27) were issued on March 11, 1996, to all SSA field offices concerning PASS processing.

EEOC ISSUES FINAL ENFORCEMENT GUIDANCE ON PREEMPLOYMENT DISABILITY-RELATED QUESTIONS AND MEDICAL EXAMINATIONS UNDER THE AMERICANS WITH DISABILITIES ACT

The U.S. Equal Employment Opportunity Commission (EEOC) issued a final version of its "ADA Enforcement Guidance: Preemployment Disability-Related Questions and Medical Examinations." The guidance covers the Americans with Disabilities Act's restrictions on preemployment disability-related questions and medical examinations of applicants.

Under the law, employers cannot ask disability-related questions or require medical examinations until after an applicant has been given a conditional job offer. This is because, in the past, applicants were often asked about their medical conditions in initial job interviews or on applications.

This information was frequently used to exclude applicants with disabilities before their ability to perform a job was evaluated, even though many of them could have performed the job.

The final guidance is quite similar to the interim guidance issued by the EEOC on May 19, 1994, although there are several changes. Most notably, the final guidance clarifies that employers may ask certain questions about reasonable accommodation at the pre-offer stage. In particular, employers will be permitted to ask limited questions about reasonable accommodation if they reasonably believe that the applicant will need accommodation because of an obvious or voluntarily disclosed disability, or where the applicant has disclosed a need for accommodation. The final guidance permits employers to get relevant information in situations where they reasonably believe that accommodation will be needed, while giving applicants the chance to answer practical questions about how they can perform the job.

The final guidance makes clear that employers can continue to ask a wide variety of other questions to evaluate whether an applicant is qualified for a job. For example, employers may ask about an applicant's ability to perform specific job functions and about non-medical qualifications, such as education, work history and required certifications and licenses. Employers also may ask applicants to describe or demonstrate how they would perform job tasks. In addition after a conditional offer is made, employers may ask disability-related questions and many require medical examinations of all entering employees in the job category.

In the Enforcement Guidance, the EEOC explains when a question is "disability-related," and when an examination is "medical." The EEOC also discusses a number of other issues, such as when an employment offer is a real offer, and employers' confidentiality obligations regarding medical information.

The Historical Development of Social Insurance in the U.S. and The Evolution of Disability Policy--March 27 and 28, 1996

According to EEOC Chairman Gilbert Casellas, the guidance "demonstrates the EEOC's commitment to providing practical, useful standards that can be understood by all employers, especially smaller employers." He noted that the guidance is straight-forward, addresses issues most frequently raised by employers and EEOC investigators, and is written in an easy-to-understand question and answer format.

EEOC enforces Title VII of the Civil Rights Act of 1964, which prohibits employment discrimination based on race, color, religion, sex, or national origin; the Age Discrimination in Employment Act; the Equal Pay Act; the Americans with Disabilities Act, which prohibits discrimination against people with disabilities in the private sector and State and local governments; prohibitions against discrimination affecting individuals with disabilities in the Federal government; and sections of the Civil Rights Act of 1991.

THE 1996 POLICY EDUCATION AND DISABILITY SEMINAR SERIES

You may obtain information on the Office of Disability's seminar series by calling Dan Blauch, 410-965-0087 or April Waugh, 410-965-8046. Please R.S.V.P. Join us for the following topics, either in Baltimore or Washington, D.C.:

Future Sessions To Be Announced:

Agency Under Stress

*Should Social Security Benefits Be
Means Tested?*

Proposals to Privatize Social Security

Fairness Issues in Social Security

*Are Social Security Benefits Too High
or Too Low?*

*What are Current Trends & Issues
Regarding SSI Benefits for Disabled
Children?*

*How Does Social Security Affect the
Economy/with Special Discussion of
DI*

1996 SOCIAL SECURITY CHANGES

Supplemental Security Income:

Monthly Federal Benefit Rates

Individual -- \$470

Couple -- \$705

Average Monthly Social Security Benefits:

Retired Couple, both receiving -- \$1,215

Widowed Mother & 2 children -- \$1,407

Retired Widow(er) -- \$680

Disabled Worker, Spouse & 1 or more children -- \$1,148

All Disabled Workers -- \$682

Beneficiaries in current
pay Status 12/31/95

Disabled workers (only):

4,185,000

Monthly rate:

\$2,853,000,000

Disabled Workers and
their family members:

5,858,000

Monthly rate:

\$3,155,000,000

IN SEARCH OF... YOUR IDEAS AND MATERIALS

This newsletter is your newsletter. We welcome your articles, letters to the editor, comments, artwork, or suggestions for improvement. Many of your past suggestions have been implemented. Please submit ideas or materials to:

DISABILITY NOTES

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